

**FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS
CAMPAIGN TREASURER'S REPORT SUMMARY**

(1) Carol Coleman Campaign
Name

(2) 14224 Stroller Way
Address (number and street)
Wellington, FL 33414
City, State, Zip Code

OFFICE USE ONLY

03-28-12 P12:12 IN File

☐ CHECK IF ADDRESS HAS CHANGED

(3) ID Number: _____

(4) Check appropriate box(es):

☒ Candidate (office sought): Seat 1

☐ Political Committee

☐ CHECK IF PC HAS DISBANDED

☐ Committee of Continuous Existence

☐ CHECK IF CCE HAS DISBANDED

☐ Party Executive Committee

☐ Electioneering Communication

☐ CHECK IF NO OTHER ELECTIONEERING
COMMUNICATION REPORTS WILL BE FILED

(5) REPORT IDENTIFIERS

Cover Period: From 12 / 28 / 11 To 3 / 06 / 12 Report Type _____

☒ Original ☐ Amendment ☐ Special Election Report ☐ Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 0

Loans \$ 0

Total Monetary \$ 0

In-Kind \$ 0

(7) EXPENDITURES THIS REPORT

Monetary
Expenditures \$ 1306.18

Transfers to Office
Account \$ _____

Total
Monetary \$ 1306.18

(8) Other Distributions
\$ 0

(9) TOTAL Monetary Contributions To Date
\$ 0

(10) TOTAL Monetary Expenditures To Date
\$ 1306.18

(11) CERTIFICATION

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete.

(Type name) Carol Coleman
☐ Individual (only for electioneering commun.) ☐ Treasurer ☒ Deputy Treasurer

X Carol Coleman
Signature

I certify that I have examined this report and it is true, correct, and complete.

(Type name) Carol Coleman
☒ Candidate ☐ Chairperson (only for PC, PTY & electioneering commun. organization)

X Carol Coleman
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

03-23-12 P12:12 IN

(1) Name Carol Edeman Campaign (2) I.D. Number _____

(3) Cover Period 12 / 28 / 11 through 3 / 26 / 12 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle)	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number	Street Address & City, State, Zip Code	Type	Occupation	Type	Description	Amendment	Amount
<u>3 / 8 / 12</u>							<u>0</u>
<u>1</u>							
<u>/ /</u>							
<u>/ /</u>							
<u>/ /</u>							
<u>/ /</u>							
<u>/ /</u>							
<u>/ /</u>							

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Carol Coleman Campaign (2) I.D. Number _____

(3) Cover Period 12/28/11 through 3/26/12 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
2/14/12	Mathew Lapardo	seat 1	ref	5	500.00
1	685 Royal Palm Beach Blvd Royal Palm Beach, FL 33411				
3/8/12	Carol Coleman		ref		806.18
2	14224 Stroller Way Wellington, FL 33414				
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